

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26303

State File No.

Registration District No. 780

Primary Registration District No. 200

Registrar's No. 1599

1. PLACE OF DEATH:

(a) County. St Louis
(b) City or town. Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution. 50 days
(Specify whether
In this community 43 years (years, months or days)

3. (a) PRINT
FULL NAME

Allen F Love

3. (b) If veteran,
name war. no

3. (c) Social Security
No. no

4. Sex MO

5. Color or
race W

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife
Alene Love

6. (c) Age of husband or wife if
alive 7 years

7. Birth date of deceased. 8

26 1846
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

50

11

3

hr.

min.

9. Birthplace

Higginsville MO
(City, town, or county) (State or foreign country)

10. Usual occupation

Chief Clerk

11. Industry or business

12. Name

John Love

13. Birthplace

92
(City, town, or county) (State or foreign country)

14. Maiden name

Anna McGinnis

15. Birthplace

St
(City, town, or county) (State or foreign country)

16. (a) Informant

Koch Hospital

(b) Address

St Louis

17. (a)

Calvary

(b) Date thereof

July 31
(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary

18. (a) Signature of funeral director

John J. Hagan

(b) Address

1519 3rd St

19. JUL 30 1941
(Date received local registrar)

2 P. M. Hagan
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St Louis
(c) City or town. St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4016 B Lane
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from 6-10-41
to 7-29-41
that I last saw him alive on 7-29-41
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Infarction

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Paul Murphy

(M. D. or other)

Address

Koch Inc.

Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4053

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.